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CONFIRMATION NO. 6365

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | |
|--|---|--|---|---|---|
| 10/634,653 | 08/05/2003 | 606 | 3774 | PM-5813CP2CP1CP1CON2 | |
| RULE | | | | | |
| APPLICANTS Randall Lashinski, Santa Rosa, CA; David Taylor, Lake Forest, CA; Matthew Birdsall, Santa Rosa, CA; Jan Lau, Windsor, CA; | | | | | |
| ** CONTINUING DATA ***** This application is a CON of 10/634,655 08/05/2003 PAT 7,011,682 which is a CIP of 10/066,302 01/30/2002 PAT 6,989,028 which is a CIP of 09/774,869 01/30/2001 PAT 6,537,314 and claims benefit of 60/265,995 02/01/2001 and said 10/634,655 08/05/2003 is a CIP of 09/968,272 10/01/2001 PAT 6,709,456 which is a CON of 09/494,233 01/31/2000 PAT 6,402,781 and said 10/634,655 08/05/2003 claims benefit of 60/429,281 11/25/2002 and claims benefit of 60/488,334 07/18/2003 | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/03/2003 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /WILLIAM H MATTHEWS/ Acknowledged <u>Examiner's Signature</u> | <input type="checkbox"/> Met after Allowance <u>Initials</u> | STATE OR COUNTRY CA | SHEETS DRAWINGS 33 | TOTAL CLAIMS 7 | INDEPENDENT CLAIMS 1 |
| ADDRESS EDWARDS LIFESCIENCES CORPORATION LEGAL DEPARTMENT ONE EDWARDS WAY IRVINE, CA 92614 UNITED STATES | | | | | |
| TITLE Adjustable transluminal annuloplasty system | | | | | |
| FILING FEE RECEIVED 2800 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |